

1 CIR /DIST / DIV CODE EDNY	2 PERSON REPRESENTED ZHU, YONG		VOUCHER NUMBER	
3 MAG DKT /DEF NUMBER 20-1025 M	4 DIST DKT /DEF NUMBER	5 APPEALS DKT /DEF NUMBER	6 OTHER DKT NUMBER	
7 IN CASE/MATTER OF (Case Name) USA v. Zhu, ET AL.	8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Other Appeal	9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee Other	10 REPRESENTATION TYPE (See Instructions) CC	

11 OFFENSE(S) CHARGED (Cite U S Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

18 USC 371

12 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS ROYCE RUSSELL 499 Seventh Avenue Floor 12N New York, NY 10018 Telephone Number : <u>212-683-3995</u>	13 COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)
	 Signature of Presiding Judicial Officer or By Order of the Court
	10/28/2020 10/28/2020 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
In Court	a Arraignment and/or Plea				
	b Bail and Detention Hearings				
	c Motion Hearings				
	d Trial				
	e Sentencing Hearings				
	f Revocation Hearings				
	g Appeals Court				
	h Other (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
Out of Court	a Interviews and Conferences				
	b Obtaining and reviewing records				
	c Legal research and brief writing				
	d Travel time				
	e Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = \$) TOTALS:				
17 Travel Expenses (lodging, parking, meals, mileage, etc.)					
18 Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					

19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20 APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21 CASE DISPOSITION
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22 CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number	23 IN COURT COMP 24 OUT OF COURT COMP 25 TRAVEL EXPENSES 26 OTHER EXPENSES 27 TOTAL AMT APPR /CERT	28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER 29 IN COURT COMP 30 OUT OF COURT COMP 31 TRAVEL EXPENSES 32 OTHER EXPENSES 33 TOTAL AMT APPROVED	34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. 35 DATE 36 JUDGE CODE
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Have you previously applied to the court for compensation and/or reimbursement for this work? YES NO If yes, were you paid? YES NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY					
23 IN COURT COMP	24 OUT OF COURT COMP	25 TRAVEL EXPENSES	26 OTHER EXPENSES	27 TOTAL AMT APPR /CERT	28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER
29 IN COURT COMP	30 OUT OF COURT COMP	31 TRAVEL EXPENSES	32 OTHER EXPENSES	33 TOTAL AMT APPROVED	34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.
35 DATE	36 JUDGE CODE				